

**STAT-R**

**Student Transition  
Assessment Tool  
Revised**

**Supported Independence  
Student Version**





# Student Transition Assessment Tool – Revised

## Supported Independence Student Version

### Guidelines for Administration and Scoring

#### Student Focused Administration:

- The STAT-R was designed with the intent that the student would be taking the assessment individually and marking their responses based on their knowledge.
- A “yes” means the student absolutely knows the information or possesses the skill, if any doubt the item should be answered “no”.
- Given that students taking the STAT-R are adolescents, it is suggested that the students fill out the form in the presence of an adult to assure that they are taking the process seriously.
- Adult mentors: The adult that assists in the administration of the STAT-R could be a teacher, parent, caseworker, teacher consultant, etc.

#### Group Administration:

- The STAT-R can be given in small groups as long as the administrator or evaluator interacts with students individually to assure the validity of their answers.

#### Repeat Administration:

- The STAT-R can be re-administered yearly or every two years to assess student progress toward achieving transition goals.
- The same forms can be reused. Have the person taking the STAT-R use a different color pen and re-evaluate the “no” answers to see if they are now a “yes”. Then re-total the yes answers for updated scoring.
- The score sheet allows for tracking the student over a five-year period from 8<sup>th</sup> grade through 12<sup>th</sup> grade, or over several years in an ungraded school setting.

#### Scoring With Excel/CD:

- Insert student demographic information.
- Insert Raw Scores (total of yes responses) for each section.
- Raw Scores automatically convert to percentages.
- Percentages yielded are general guidelines to identify areas of strength and concern. 80 – 100% Strength, 50 – 79% Developing Skills, 0 – 49% Concern.
- “No” answers can be converted to transition goals, services, or activities.

#### Parent Version:

- Can be given to compare the point of view of the student and the parent regarding the progress and abilities of the student.

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**STAT-R**

## Student Transition Assessment Tool - Revised Supported Independence Student Version Score Tables

### Career/Employment Scores

Job/Career Goals		Work Experience		Getting A Job		Accommodations	
Raw Score	Percent	Raw Score	Percent	Raw Score	Percent	Raw Score	Percent
0	0%	0	0%	0	0%	0	0%
1	20%	1	25%	1	14%	1	25%
2	40%	2	50%	2	29%	2	50%
3	60%	3	75%	3	43%	3	75%
4	80%	4	100%	4	57%	4	100%
5	100%			5	71%		
				6	86%		
				7	100%		

### Post Secondary Education/Training Scores

### Adult Life Scores

Future Plans		Self Advocacy		Adult Living		Daily Living	
Raw Score	Percent	Raw Score	Percent	Raw Score	Percent	Raw Score	Percent
0	0%	0	0%	0	0%	0	0%
1	25%	1	17%	1	13%	1	8%
2	50%	2	33%	2	25%	2	17%
3	75%	3	50%	3	38%	3	25%
4	100%	4	67%	4	50%	4	33%
		5	83%	5	63%	5	42%
		6	100%	6	75%	6	50%
				7	88%	7	58%
				8	100%	8	67%
						9	75%
						10	83%
						11	92%
						12	100%

### Community Participation Scores

Community Experiences		Recreation and Leisure Activities	
Raw Score	Percent	Raw Score	Percent
0	0%	0	0%
1	20%	1	17%
2	40%	2	33%
3	60%	3	50%
4	80%	4	67%
5	100%	5	83%
		6	100%

## Total Scores

Total Career/ Employment		Total Post Secondary Education/Training		Total Adult Life		Total Community Participation	
Raw Score	Percent	Raw Score	Percent	Raw Score	Percent	Raw Score	Percent
0	0%	0	0%	0	0%	0	0%
1	5%	1	25%	1	4%	1	9%
2	10%	2	50%	2	8%	2	18%
3	15%	3	75%	3	12%	3	27%
4	20%	4	100%	4	15%	4	36%
5	25%			5	19%	5	45%
6	30%			6	23%	6	55%
7	35%			7	27%	7	64%
8	40%			8	31%	8	73%
9	45%			9	35%	9	82%
10	50%			10	38%	10	91%
11	55%			11	42%	11	100%
12	60%			12	46%		
13	65%			13	50%		
14	70%			14	54%		
15	75%			15	58%		
16	80%			16	62%		
17	85%			17	65%		
18	90%			18	69%		
19	95%			19	73%		
20	100%			20	77%		
				21	81%		
				22	85%		
				23	88%		
				24	92%		
				25	96%		
				26	100%		

**STAT-R**

## Student Transition Assessment Tool - Revised Supported Independence Student Version Score Sheet

Student:

Birth Date:

School:

### Career/Employment

Date	Age	A) As an adult, what kind of work do you want to do?

### Career/Employment

	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Job/Career Goals					
Work Experience					
Getting A Job					
Accommodations					
<b>Total Career/Employment</b>					

### Post Secondary Education/Training

Date	Age	B) After finishing school, what additional education or training do you want?

### Post Secondary Education/Training

	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Future Plans					
<b>Total Post Secondary Education/Training</b>					

Student:		Birth Date:	School:
<b>Adult Life</b>			
Date	Age	C) As an adult, where do you want to live?	

<b>Adult Life</b>					
	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Self Advocacy Skills					
Adult Living Skills					
Daily Living Skills					
<b>Total Adult Life</b>					

<b>Community Participation</b>		
Date	Age	D) As an adult, what hobbies and activities do you want?

<b>Community Participation</b>					
	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Community Experiences					
Recreation and Leisure					
<b>Total Community Participation</b>					

<b>Notes/Comments:</b>

**STAT-R****Student Transition Assessment Tool - Revised  
Supported Independence Student Version**

Name:

Birth Date:

School:

**Career/Employment**

Date	Age	A) As an adult, what kind of work do you want to do?

**Job/Career Goals**

1. I know what skills are needed for my job choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I know who to contact to get more information about my job choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I have worked on my EDP (Educational Development Plan) at school to help me plan for my future.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I discuss my plans for my future with others.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I have participated in a job shadow.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Job/Career Goals Raw Score</b>		

**Work Experience**

6. I know what work training is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I have had work training in school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. I have chores at home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. I help my family or neighbors with chores or jobs, like yard work, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Work Experience Raw Score</b>		

**Getting A Job**

10. I know what a job application is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. I have practiced filling out a job application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. I know what a job interview is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. I have practiced a job interview.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. I have a current state ID card or driver's license.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. I know what a resume is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. I have a resume.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Getting A Job Raw Score</b>		

**Accommodations**

Accommodations are when a job task is adjusted so you can complete it. For example: use a watch or timer, use a task list or picture schedule.		
17. I need help and accommodations to be a successful learner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. I know the type of help and accommodations I need.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. I understand that I may need help and accommodations to be a successful worker.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. I know how to ask for support or accommodations if I need them.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Accommodations Raw Score</b>		

Post Secondary Education/Training		
Date	Age	B) After school, what additional education or training do you want?

Future Plans		
1. Check <b>only one</b> of the following. Pick the one that you are most likely to do after leaving school.		
▪ I would like to do volunteer work in the community.	<input type="checkbox"/> Yes	
▪ I would like to work in a sheltered workshop.	<input type="checkbox"/> Yes	
▪ I would like a job in the community with support/accommodations.	<input type="checkbox"/> Yes	
▪ I would like a job in the community and don't need support/accommodations.	<input type="checkbox"/> Yes	
2. I may wish to participate in adult daily living classes and know how to ask for help to do this.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I know who to ask for information about future work or job opportunities (community, workshop, or volunteer).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I know who to ask for information about more training for a job (community, workshop, or volunteer).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Future Plans Raw Score</b>		

Adult Life		
Date	Age	C) As an adult, where do you want to live?

Self Advocacy		
1. I know my strengths and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I know my limitations and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I have an awareness of safety issues.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I can communicate my needs and ask for what I need.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I can handle stress appropriately.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. I understand guardianship (and who my established guardian is, if one is needed).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Self Advocacy Raw Score</b>		

Adult Living Skills		
7. I have a method to communicate with others.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. I can make personal choices.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. I know how to problem solve or request assistance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. I can state my personal information or produce my state ID card.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. I can use a calculator.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. I can write my name.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. I know what to do in an emergency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No



14. I can make and keep friends.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Adult Living Skills Raw Score</b>		

<b>Daily Living Skills</b>		
Tell which things you can do <b>by yourself or with support</b> or accommodations.		
15. I can make a simple meal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. I can use the washer and dryer to do my laundry.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. I clean up after myself.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. I can shop for a few grocery items.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. I can take my medication, if needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. I can make simple money transactions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. I can make change and count money.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. I can use a debit card to pay for items at the store.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. I can order food in a restaurant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. I know basic first aid.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. I complete my personal grooming and hygiene daily (shower, comb hair, use deodorant, brush teeth).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. I can choose appropriate clothes for the situation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Daily Living Skills Raw Score</b>		

<b>Community Participation</b>		
Date	Age	D) As an adult, what hobbies and activities do you want?

<b>Community Experiences</b>		
1. I can walk or ride my bike to get around in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I know who to ask if I need transportation in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I can take public transportation to get around in the community. I can locate the bus stop and the times the bus comes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I know the location of important places in the community such as the post office, library, police station, hospital, stores, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I know at age 18 men have to register for the Selective Service (military).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Community Experiences Raw Score</b>		

<b>Recreation and Leisure Activities</b>		
6. I know how to use recreational centers such as the YMCA, a fitness center, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I attend school clubs, church, or family events in my free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. I can use the community for leisure activities, such as the theater, the mall, the bowling alley, the arcade, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. I participate in leisure recreation classes such as art or cooking classes, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. I socialize (participate in fun activities) with friends in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. I have a hobby or activity I enjoy in my free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Recreation and Leisure Activities Raw Score</b>		